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Bib Data Sheet

CONFIRMATION NO. 5121

<b>SERIAL NUMBER</b> 10/633,772	<b>FILING OR 371(c) DATE</b> 08/04/2003 <b>RULE</b>	<b>CLASS</b> 434	<b>GROUP ART UNIT</b> 3714	<b>ATTORNEY DOCKET NO.</b> MS-02/3/US
<b>APPLICANTS</b> Elinor Isobel Forbes, Glenview, IL; James Carnegie Forbes, Glenview, IL;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/841,377 04/24/2001 PAT 6,626,678 which is a CIP of 09/583,378 05/30/2000 ABN and claims benefit of 60/232,149 09/09/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 10/30/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 17
			<b>INDEPENDENT CLAIMS</b> 1	
<b>ADDRESS</b> James C. Forbes 101 Pointe Drive, #403 Northbrook, IL 60062				
<b>TITLE</b> Method of providing mental stimulus to a cognitively impaired subject				
<b>FILING FEE RECEIVED</b> 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	